

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

PATENT APPLICATION

Inventor: Charles A. Miller
Appln. No.: Unassigned
Confirm. No.: Unassigned
Filed: Herewith
Title: ISOLATION BUFFERS WITH CONTROLLED
EQUAL TIME DELAYS

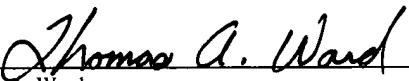
Customer No.: 27520



CERTIFICATE OF MAILING BY "EXPRESS MAIL"
UNDER 37 C.F.R. §1.10

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Date of Mailing: October 23, 2003

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Thomas A. Ward (Signature)
Signature Date: October 23, 2003

UTILITY PATENT APPLICATION TRANSMITTAL LETTER UNDER 37 C.F.R §1.53(b)

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application identified as follows:

Inventor: Charles A. Miller

Title: ISOLATION BUFFERS WITH CONTROLLED EQUAL TIME DELAYS

No. of pages in Specification (including claims and abstract): 24; No. of Claims: 23.

No. of Sheets of Drawings: 7; Formal: ☒, Informal: ☐.

Also enclosed are:

- ☒ A Declaration.
- ☒ A Power of Attorney.
- ☒ An Information Disclosure Statement Under 37 C.F.R. §1.56.
- ☒ An Application Data Sheet.

The filing fee pursuant to 37 C.F.R. §1.16 is determined as follows:

For	Number Filed	Number Extra	Rate Small Entity/Other Than Small Entity	Total
BASIC FEE (37 CFR 1.16(a))			\$385.00 \$770.00	\$770.00
TOTAL CLAIMS (37 CFR 1.16(c))	<u>23</u> - 20	<u>3</u> *	X \$ 9.00 X \$ 18.00	\$ 54.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>3</u> - 3	<u>0</u> *	X \$ 43.00 X \$ 86.00	\$ 0.00
			TOTAL	\$824.00

*If the difference in column 1 is less than zero, enter "0" in column 2.

- ☒ A check in the amount of \$824.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

This application is filed pursuant to 37 C.F.R. §1.53(b) in the name of the above-identified Inventor.

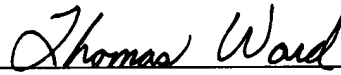
Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,

Date: _____

By: _____



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